

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

US Rec'd
AUG 18 2005
E O B 107

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9730</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>TOMMIE L HUTT - BLAKE</u> P.O. Box Bldg Room No. if any _____ Street <u>1004 WEST ELLESS BLVD</u> City <u>ELLESS</u> State <u>TX</u> ZIP Code + 4 <u>76040</u>	4 Name, file number, and address of labor organization Name <u>ASSO of Professional Flight Attendants</u> Labor Organization File Number <u>509-620</u> P.O. Box Building and Room Number if any _____ Street <u>1004 WEST ELLESS BLVD</u> City <u>ELLESS</u> State <u>TX</u> ZIP Code + 4 <u>76040</u>
5 Position in labor organization <u>President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name <u>American Airlines</u> Trade Name, if any _____ P.O. Box Bldg Room No. if any <u>PO Box 619616</u> Street <u>MD-5235</u> City <u>DFW Airport</u> State <u>TX</u> ZIP Code + 4 <u>75261-9016</u>	7 a Nature of Interest, Transaction, or Income <u>1) Priority, Space Travel</u> 7 b Amount <u>1) PAY SAME SERVICE CHARGES AS ALL OTHER EMPLOYERS EXCEPT WHEN CONDUCTING UNION-COMPANY BUSINESS</u>

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-12-05

Date

817-540 0108 EXT 810

Telephone Number

Name of Person Filing

TOMMIE L HUTTON BLAKE

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Guerrieri, Edmund & Clayman, PC

Trade Name if any

P O Box Bldg Room No if any

Street 1625 MASSACHUSETTS AVE NWCity WASHINGTON DC ^{STE} 700State 2243 ZIP Code + 4 20036

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Legal Services

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

HOLIDAY 12/04
FRUIT BASKET

12 b Amount

\$1.98

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

14 b Amount of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing TOMMIE L HUTTO-BLAKE	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Bredhoff & KAISER, PLLC</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 805 15TH STREET NW</p> <p>City WASHINGTON D C</p> <p>State ZIP Code + 4 20005</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <p>Legal Services</p> </div> <p>11 b Approximate dollar value of such dealing 108,000</p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <p>Dinner 12-13-04 \$40</p> <p>Lunch 9-9-04 \$31</p> </div> <p>12 b Amount 711</p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relation Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; min-width: 400px;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>